

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

COVER PAGE

CALIFORNIA 460  
2001/02  
FORM

Page 1 of 22

FEB 05 2003

REGISTRAR OF VOTERS

COPY

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from 01-01-2002  
through 12-31-2002

Date of election if applicable  
(Month, Day, Year)  
03-07-2003

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
(Also Complete Part 5)

☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

☐ Ballot Measure Committee  
☐ Primarily Formed  
☐ Controlled  
☐ Sponsored  
(Also Complete Part 6)  
☐ Primarily Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7)

2. Type of Statement

☐ Preelection Statement  
☒ Semi-annual Statement  
☐ Termination Statement  
☐ Amendment (Explain below)

☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 941967

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Mike Cardona

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Lesley Fleischman

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01-27-2003  
Date

Executed on 1-27-03  
Date

Executed on  
Date

Executed on  
Date

By Lesley Fleischman  
Signature of Treasurer or Assistant Treasurer

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**\*Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM

**460**

Page 2 of 22

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

Michael S. Carona

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sheriff - Coroner of Orange County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT  
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

**7. Primarily Formed Committee** *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT  
☐ OPPOSE

*Attach continuation sheets if necessary*

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period  
from 07-01-2002  
through 12-31-2002

CALIFORNIA  
FORM **460**

Page 3 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
1. Monetary Contributions .....	Schedule A, Line 3	\$ <u>38,544.00</u>	\$ _____
2. Loans Received .....	Schedule B, Line 3	<u>(2,500.00)</u>	<u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	\$ <u>36,044.00</u>	\$ _____
4. Nonmonetary Contributions .....	Schedule C, Line 3	<u>0.00</u>	<u>9809.30</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	\$ <u>36,044.00</u>	\$ _____

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ <u>N/A</u>	\$ _____
21. Expenditures Made	\$ _____	\$ _____

## Expenditures Made

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL DATE
6. Payments Made .....	Schedule E, Line 4	\$ <u>29,808.24</u>	\$ _____
7. Loans Made .....	Schedule H, Line 3	<u>0.00</u>	<u>0.00</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$ <u>29,808.24</u>	\$ _____
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	<u>0.00</u>	<u>0.00</u>
10. Nonmonetary Adjustment .....	Schedule G, Line 3	<u>0.00</u>	<u>9809.30</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$ <u>29,808.24</u>	\$ _____

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$ <u>421,092.37</u>
13. Cash Receipts .....	Column A, Line 3 above	<u>36,044.00</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	<u>2,969.56</u>
15. Cash Payments .....	Column A, Line 8 above	<u>29,808.24</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>430,297.69</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	\$ <u>0.00</u>
------------------------------------	--------------------	----------------

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$ <u>0.00</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.

**Schedule A**  
**Monetary Contributions Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period from <u>07-01-2002</u> through <u>12-31-2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>22</u>	
I.D. NUMBER <u>961967</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07-03-2002	Lee Ann Cheadle [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1000	\$1000.	\$1000
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$ 1000						

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 35125.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 3419.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 38,544.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 5 of 22

NAME OF FILER				I. D. NUMBER		
Friends of Mike Carona				961967		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09-23-2002	Mike Ameal Properties ██ ██	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$500	\$500	\$500
10-26-2002	Bellencourt & Associates ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$250	\$250	\$250
07-28-2002	Anthony Camarata ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurant Manager, Las Brisas	\$1,000	\$1,000	\$1,000
07-28-2002	Gary B. Cannon ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA, Ginger Masonry	\$1,000	\$1,000	\$1,000
10-26-2002	John Capalbo ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President, Taylor Freezers	\$100	\$100	\$100
10-30-2002	J. Brennan Cassidy, M.D. ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Doctor, Family Care Center	\$500	\$500	\$500
07-28-2002	Lisa A. Chassie ██ ██	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-Employed Chiropractor	\$1,000	\$1,000	\$1,000
10-12-2002	Chick & Associates ██ ██	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$250	\$250	\$250
SUBTOTAL \$				\$4,600		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 6 of 22

NAME OF FILER				I. D. NUMBER		
Friends of Mike Carona				961967		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-12-2002	Hassan Chitsaz, Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor, Firearms Training Associat	\$500	\$520	\$520
10-26-2002	Hassan Chitsaz, Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Instructor, Firearms Training Associat	\$20	\$520	\$520
10-26-2002	John R. Cogorno [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney-at-Law	\$250	\$250	\$250
09-25-2002	Austin Coil [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engine Builder, Austin Coil Racing	\$100	\$100	\$100
10-30-2002	Clint Coleman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Regional Director, California Pizza Kitchen	\$120	\$120	\$120
09-30-2002	Geoffrey Davis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$120	\$120
10-26-2002	Geoffrey Davis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$20	\$120	\$120
09-24-2002	Law Offices of Day & Day, A Law Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,000	\$1,000	\$1,000
SUBTOTAL \$				\$2,110		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 7 of 22

NAME OF FILER						I. D. NUMBER
Friends of Mike Carona						961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE*	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
07-10-2002	K. L. Dennis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive, KLD Management	\$1,000	\$1,000	\$1,000
07-24-2002	Mark T. Di Salvo [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker, R.J.S. Insurance Services	\$1,000	\$1,000	\$1,000
10-26-2002	Frank J. Flatt, Jr. [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Steamfitter, CHERNE	\$190	\$190	\$190
07-10-2002	John L. Ginger [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, John Ginger Masonry	\$1,000	\$1,000	\$1,000
10-03-2002	Brad Glustoff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Brad's Imports	\$100	\$120	\$120
10-26-2002	Brad Glustoff [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Brad's Imports	\$20	\$120	\$120
10-25-2002	Great Pacific Equipment, Inc. [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100	\$100	\$100
10-15-2002	Hall Family Home [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$240	\$260	\$260
SUBTOTAL \$				\$3,650		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 8 of 22

NAME OF FILER						I. D. NUMBER
Friends of Mike Carona						961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-26-2002	Hall Family Home [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$20	\$260	\$260
10-23-2002	Hi-Tech German Service [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100	\$100	\$100
10-13-2002	Mark M. Hogan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rail Specialist, Los Angeles MTA	\$90	\$100	\$100
10-26-2002	Mark M. Hogan [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rail Specialist, Los Angeles MTA	\$10	\$100	\$100
10-26-2002	Richard Holbeck [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Senior CST, O.C. Sheriff's Dept.	\$290	\$290	\$290
10-26-2002	Tom Holder [REDACTED] [REDACTED] 1	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Sales, Alfa Leisure	\$199	\$199	\$199
07-07-2002	Kevin Hosman [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Manager, William Lyon Co.	\$1,000	\$1,000	\$1,000
10-30-2002	Howard L. Hull III [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Development Manager, Pri-Vest Bank	\$130	\$130	\$130
SUBTOTAL \$				\$1,839		



# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 9 of 22

NAME OF FILER					I. D. NUMBER	
Friends of Mike Carona					961967	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
09-04-2002	Chuck Johnson Insurance Agency [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100	\$100	\$100
10-24-2002	M. Reza Karkia [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO, American Institute of Higher Education Resources	\$250	\$250	\$250
10-15-2002	Kit R. Keele [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, San Bernardoni U.S.D.	\$100	\$110	\$110
10-26-2002	Kit R. Keele [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher, San Bernardino U.S.D.	\$10	\$110	\$110
10-26-2002	Michael Keskinen [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sales, Kestech Inc.	\$199	\$199	\$199
10-26-2002	Martin Keyser [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, MJB Products	\$500	\$500	\$500
10-26-2002	John A. Lane [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cost Engineer, Jacobs Engineering Group	\$190	\$190	\$190
10-26-2002	Felix Lapidis [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, PZO Servis	\$199	\$199	\$199
SUBTOTAL \$				\$1,548		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Rec'd**

Statement covers period  
from 07/01/2002  
through 12/31/2002

Form 460

Page 10 of 22

NAME OF FILER					I. D. NUMBER	
Friends of Mike Carona					961967	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
07-05-2002	Jeff S. Lawrence [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Southwest Marketing	\$1,000	\$1,000	\$1,000
07-10-2002	Joanne Lee [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive, Sherwood Group, Inc.	\$1,000	\$1,000	\$1,000
10-30-2002	J.K. Leier [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Fine Fire Arms	\$110	\$110	\$110
10-21-2002	Mary K. Long [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contract Programmer, Innovative Program Solutions	\$200	\$200	\$200
11-13-2002	Lowe Enterprises Residential Advisors [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$1,000	\$1,000	\$1,000
10-26-2002	Todd Lynch [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager, Leonard Meat Company	\$599	\$599	\$599
10-30-2002	James Ma [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Engineer, Marguardt	\$180	\$180	\$180
07-07-2002	Arthur McCall [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice Principal, Fullerton Junior High	\$1,000	\$1,000	\$1,000
SUBTOTAL \$				\$5,089		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 11 of 22

NAME OF FILER						I. D. NUMBER
Friends of Mike Carona						961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-30-2002	William Morton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$500	\$500	\$500
10-30-2002	A. Patrick Munoz [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney, Ratan & Tucker	\$110	\$110	\$110
10-26-2002	Shunichi Naito [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor, SBD Group, Inc.	\$100	\$100	\$100
10-26-2002	Paul Newton [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broker, Monarch Financial	\$250	\$250	\$250
07-07-2002	Jeffrey Pack [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Purchasing Manager, Stonefield	\$1,000	\$1,000	\$1,000
07-07-2002	Robert C. Pack [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer, Stonefield	\$1,000	\$1,000	\$1,000
10-20-2002	Party City Laguna Niguel #300 [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$250	\$250	\$250
10-11-2002	Party City Huntington Beach #174 [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$250	\$250	\$250
SUBTOTAL \$				\$3,460		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 12 of 22

NAME OF FILER				I. D. NUMBER		
Friends of Mike Carona				961967		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-19-2002	Paul's Deli No. 1 [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100	\$100	\$100
07-12-2002	Brad Perrin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, Bear Tracks Corporation	\$500	\$500	\$500
07-08-2002	David Perrin [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive, Sherwood Group, Inc.	\$1,000	\$1,000	\$1,000
10-10-2002	R. Steven Peters, A Professional Law Corporation [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$270	\$270	\$270
07-10-2002	Katie Peterson [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	\$1,000	\$1,000	\$1,000
10-26-2002	Pete Philpott [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Inspector of Records, Hoag Hospital	\$140	\$140	\$140
10-28-2002	Jon Prun [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President, CGTech	\$999	\$999	\$999
10-30-2002	George Ridley [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
SUBTOTAL \$				\$4,109		

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 13 of 22

NAME OF FILER							I. D. NUMBER
Friends of Mike Carona							961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
10-18-2002	Richard Riley [REDACTED] [REDACTED]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Associate, Boeing Aircraft	\$250	\$250	\$250	
07-21-2002	Michael David Sage [REDACTED] [REDACTED]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Sales Specialist, F. Rodgers, Inc.	\$1,000	\$1,000	\$1,000	
10-16-2002	Salamat Market [REDACTED] [REDACTED]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	N/A	\$100	\$100	\$100	
07-23-2002	James A. Scholl [REDACTED] [REDACTED]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Project Manager, Stonefield	\$1,000	\$1,000	\$1,000	
10-07-2002	SCP Research, Inc. [REDACTED] [REDACTED]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	N/A	\$500* (bounced; see Schedule E)	\$0	\$0	
07-01-2002	Edward J. Sheltmire [REDACTED] [REDACTED]	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Western Regional Manager, Supreme	\$1,000	\$1,000	\$1,000	
09-26-2002	Single Action Shooting Society (SASS) [REDACTED] [REDACTED]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	N/A	\$500	\$500	\$500	
10-26-2002	Steponovich & Associates, A Professional Law Corporation [REDACTED] [REDACTED]	[ ] IND [ ] COM [X] OTH [ ] PTY [ ] SCC	N/A	\$500	\$500	\$500	
SUBTOTAL \$				\$4,850			

# Monetary Contributions Rec'd

from 07/01/2002  
through 12/31/2002

Page 14 of 22

NAME OF FILER						I. D. NUMBER
Friends of Mike Carona						961967
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10-26-2002	Ryan Stover [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant, Roundarch	\$150	\$150	\$150
10-30-2002	Kent Swahn [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner, Swahn Motors	\$500	\$500	\$500
07-07-2002	Thomas K. Terry [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Director, Stonefield	\$1,000	\$1,000	\$1,000
10-23-2002	Trattoria Ciao [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$100	\$100	\$100
07-14-2002	Edward S. Tyau [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Kaiser Permanente	\$500	\$520	\$520
10-26-2002	Edward S. Tyau [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician, Kaiser Permanente	\$20	\$520	\$520
10-26-2002	Janice Walker [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$100	\$100	\$100
08-09-2002	Jim Williams Investigations [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	N/A	\$500	\$500	\$500
SUBTOTAL \$				\$2,870		

**Schedule B – Part 1**  
**Loans Received**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B – PART 1

Statement covers period  
from 07-01-2002  
through 12-31-2002

CALIFORNIA  
FORM **460**

Page 15 of 72

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Friends of Mike Cawna*

I.D. NUMBER

*961967*

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<i>Michael S. Cawna</i> [REDACTED] [REDACTED]	<i>Sheriff - Coroner, Orange County</i>	<i>\$ 2500.00</i>	<i>\$ 7500.00</i>	<input checked="" type="checkbox"/> PAID <i>\$ 10,000.00</i> <input type="checkbox"/> FORGIVEN <i>\$ 0</i>	<i>\$ 0.00</i>  <i>N/A</i> DATE DUE	<i>N/A</i> %  <i>N/A</i>	<i>N/A</i>  <i>N/A</i> DATE INCURRED	CALENDAR YEAR <i>\$ N/A</i> PER ELECTION ** <i>\$ N/A</i>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____  DATE DUE	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION ** \$ _____
SUBTOTALS		<i>\$ 7500.00</i>	<i>\$ 10,000.00</i>	<i>\$ 0.00</i>	<i>\$ 0</i>			

**Schedule B Summary**

(Enter (e) on  
Schedule E, Line 3)

- Loans received this period ..... *\$ 7,500.00*  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... *\$ 10,000.00*  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ *(2,500.00)*  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

\*Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule B - Part 2**  
**Loan Guarantors**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>07-01-2002</u> through <u>12-31-2002</u>	CALIFORNIA FORM <b>460</b>
	Page <u>16</u> of <u>22</u>
I.D. NUMBER <u>961967</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Milte Carona

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
Michael S. Carona [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff-Coroner, Orange County	LENDER <u>Michael S. Carona</u> DATE <u>08-01-2002</u>	\$2500.00	CALENDAR YEAR \$ <u>13,250.00</u> PER ELECTION (IF REQUIRED) \$ <u>N/A</u>	\$5000.00
Michael S. Carona [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff-Coroner, Orange County	LENDER <u>Michael S. Carona</u> DATE <u>10-01-2002</u>	\$2500.00	CALENDAR YEAR \$ <u>15,750.00</u> PER ELECTION (IF REQUIRED) \$ <u>N/A</u>	\$7500.00
Michael S. Carona [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sheriff-Coroner, Orange County	LENDER <u>Michael S. Carona</u> DATE <u>12-01-2002</u>	\$2500.00	CALENDAR YEAR \$ <u>18,250.00</u> PER ELECTION (IF REQUIRED) \$ <u>N/A</u>	\$10,000.00
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR \$ _____ PER ELECTION (IF REQUIRED) \$ _____	
SUBTOTAL \$ 7500.00						Enter on Summary Page, Line 17 only.



**Schedule E**  
**Payments Made**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Friends of Mike Carona*

Statement covers period

from *07-01-2002*

through *12-31-2002*

Page *17* of *22*

I.D. NUMBER

*961967*

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FL candidate filing/ballot fees  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LEG legal defense  
LIT campaign literature and mailings

MBR member communications  
MTG meetings and appearances  
OFC office expenses  
PET petition circulating  
PHO phone banks  
POL polling and survey research  
POS postage, delivery and messenger services  
PRO professional services (legal, accounting)  
PRT print ads

RAD radio airtime and production costs  
RFD returned contributions  
SAL campaign workers' salaries  
TEL t.v. or cable airtime and production costs  
TRC candidate travel, lodging, and meals  
TRS staff/spouse travel, lodging, and meals  
TSF transfer between committees of the same candidate/sponsor  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>SEE FOLLOWING PAGES</i>			

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <i>29,351.40</i>
2. Unitemized payments made this period of under \$100	\$ <i>456.84</i>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <i>0.00</i>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <i>29,808.24</i>

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Statement covers period  
 from 07/01/2002  
 through 12/31/2002

Form 460

Page 10 of 22

NAME OF FILER		I. D. NUMBER	
Friends of Mike Carona		961967	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DESCRIPTION OF PAYMENT
			AMOUNT PAID
AT&T		OFC	
			\$137.50
Axin Financial Cardservice International		OFC	
			\$703.73
Jon Fleischman		OFC	
			\$248.89
Glass Impressions by David Alan		FND	
			\$1,293.00
Bud Gordon			reimbursement for event
			\$350.00
Images By Dwayne		FND	
			\$856.61
Lisa Jaramillo		SAL	independent contractor
			\$5,738.85
Lisa Jaramillo		FND	
			\$1,047.57
Donna Muleady		OFC	
			\$128.65
SUBTOTAL \$			\$10,504.60

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Statement covers period  
from 07/01/2002  
through 12/31/2002

Form 460

Page 19 of 22

NAME OF FILER		I. D. NUMBER	
Friends of Mike Carona		961967	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
OJSC Boys Less than 12 Team c/o Davie DeLeon [REDACTED]	CVC		\$1,000.00
Orange County American Italian Renaissance Foundation [REDACTED]	CVC		\$250.00
O.C. Chiefs' & Sheriff's Association c/o Linda Sullivan, La Palma Police Department [REDACTED]	CVC		\$116.00
Orange County Child Abuse Prevention Center [REDACTED]	CVC		\$450.00
Orange County Fair c/o Alex Hess [REDACTED]	CVC		\$387.00
Orange County Sheriff's Department [REDACTED]	TRC	expenses related to Helsinki / Moscow trip	\$2,114.69
Pacific Bell [REDACTED]	OFC		\$376.11
Lou Perez Checkmate Staffing [REDACTED]		reimbursement for event	\$175.00
Raahauge's [REDACTED]	FND		\$2,130.00
SUBTOTAL \$			\$6,998.80

**Schedule E**  
**(Continuation Sheet)**  
**Payments Made**

Statement covers period  
 from 07/01/2002  
 through 12/31/2002

Form 460  
 Page 20 of 22

NAME OF FILER		I. D. NUMBER	
Friends of Mike Carona		961967	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Republican Party of Orange County [REDACTED]	CVC		\$1,500.00
SCP Research, Inc. [REDACTED]		bounced check	\$500.00
Southern California YPO [REDACTED]	TRS		\$6,500.00
Steinberg and Associates, Inc. [REDACTED]	POL		\$3,000.00
United Labor Agency of Orange County [REDACTED]	CVC		\$200.00
U. S. Post Office [REDACTED]	POS		\$148.00
SUBTOTAL \$			\$11,848.00

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period  
from 07-01-2002  
through 12-31-2002

CALIFORNIA  
FORM **460**

Page 21 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Lisa Jaramillo

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LEG legal defense

LIT campaign literature and mailings

MBR member communications

MTG meetings and appearances

OFC office expenses

PET petition circulating

PHO phone banks

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

RAD radio airtime and production costs

RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals


TRS staff/spouse travel, lodging, and meals

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Costco</u> 	<u>FND</u>		<u>\$951.90</u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL\* \$ 951.90

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule I**  
**Miscellaneous Increases to Cash**

Type or print in ink.  
 Amounts may be rounded  
 to whole dollars.

Statement covers period  
 from 07-01-2002  
 through 12-31-2002

SCHEDULE I  
**CALIFORNIA FORM 460**

Page 22 of 22

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Carona

I.D. NUMBER

961967

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
07-01-2002 to 12-31-2002	U.S. Bank [REDACTED] [REDACTED]	Interest	\$2969.56

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule I Summary**

- Increases to cash of \$100 or more this period. .... \$ 2969.56
- Unitemized increases to cash under \$100 this period. .... \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 2969.56